

U.S. DEPARTMENT OF AGRICULTURE  
FOOD SAFETY AND INSPECTION SERVICE

**RECONSIDERATION REQUEST OF  
PERFORMANCE RATING**

*Employee completes items 1 - 10b, and submits a printed, signed copy to Labor  
and Employee Relations Division (LERD)*

**NOTE: Submit the following required documents with this request:**

1. A signed copy of employee's performance appraisal (4430-10 form)
2. A copy of supervisor's justification.
3. A copy of employee's performance standards (4430-10a form)
4. A copy of employee's accomplishment report

1. EMPLOYEE NAME	2. TITLE	
3. ORGANIZATION	4. PHONE	5. DUTY STATION
6. NAME OF RATING OFFICIAL	7. NAME OF REVIEWING OFFICIAL	
8. DESCRIBE THE CIRCUMSTANCES/EVENTS SURROUNDING YOUR RECONSIDERATION REQUEST ( <i>attach separate sheet if necessary</i> )		

9. SPECIFIC ACTION REQUESTED OF THE PAY POOL MANAGER

10a. SIGNATURE OF EMPLOYEE	b. DATE
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<b>FOR OFFICIAL USE ONLY BY LABOR AND EMPLOYEE RELATIONS DIVISION</b>	11a. ACTION TAKEN	b. DATE	12. REFERRED TO: ( <i>Pay Pool Manager</i> )
	13. NOTES		

**FOR OFFICIAL USE BY THE PAY POOL MANAGER ONLY**

14. DATE RECEIVED	15. DATE REVIEWED
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16. DECISION (*e.g., "summary rating changed to outstanding"*)

17. JUSTIFICATION

<b>SIGNATURES</b>	18a. PAY POOL MANAGER ( <i>Required</i> )		b. DATE
	19a. RECONSIDERATION BOARD MEMBER ( <i>Optional</i> )	b. DATE	20a. RECONSIDERATION BOARD MEMBER ( <i>Optional</i> ) b. DATE